



November 1, 2021

The Honorable Jeff Bridges
Chair, Joint Technology Committee
State Capitol Building, Room 029
Denver, CO 80203

RE: OSPB Submission of the FY 2022-23 Prioritized IT Capital Requests

Dear Chair Bridges,

As required by Section 24-37-304(1)(c.3)(I), C.R.S., the Governor's Office of State Planning and Budgeting (OSPB) is providing the Governor's FY 2022-23 IT capital recommendations to the Joint Technology Committee (JTC). The package includes a prioritized list of recommended IT capital projects for all state departments. The two recommended IT capital projects cost a total of \$6.7M GF and \$5.5M FF.

The Department of Higher Education (CDHE), along with the Commission on Higher Education, reserve the ability to submit a prioritized list to the JTC that may include projects not recommended by OSPB. The department will submit these requests directly to JTC.

Thank you for your consideration of the attached requests. Please contact me with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Meredith Moon'.

Meredith Moon

OSPB Deputy Director of Budget

Cc: Representative Brianna Titone, Vice Chair, JTC
Representative Mark Baisley, JTC
Representative Tracey Bernett, JTC
Senator Chris Kolker, JTC
Senator Kevin Priola, JTC
Luisa Altman, Legislative Council Staff
Carolyn Kampman, Joint Budget Committee Staff
Anthony Neal-Graves, Office of Information Technology
Vanessa Reilly, Office of State Planning and Budgeting

FY 2022-2023 IT Capital Requests, Recommended for Funding, in OSPB Prioritized Order						
OSPB	Agency	Project Name	FY 2022-2023			
			TF	GF	CF	FF
1	OeHI	Rural Connectivity	\$ 10,978,008	\$ 5,489,004	\$ -	\$ 5,489,004
2	DOC	Modernize Timekeeping and Scheduling Systems	\$ 1,282,965	\$ 1,282,965	\$ -	\$ -
Total, Recommended IT Capital Projects			\$ 12,260,973	\$ 6,771,969	\$ -	\$ 5,489,004
<i>Placeholders</i>						
		<i>IT Capital Placeholder - Forthcoming December Budget Amendment Submission</i>	<i>\$ 34,282,827</i>	<i>\$ 23,500,000</i>	<i>\$ 10,782,827</i>	<i>\$ -</i>



COLORADO

Department of Corrections

Jared Polis
Governor

Dean Williams
Executive Director

FY 2022-23 Request Year-IT Capital Request | October 1, 2021

RY – Department IT Capital Construction Project: IT-01, Modernize Timekeeping & Scheduling Systems

Summary of Request	Total Funds	CCF-IT	Cash Funds	Reappropriated Funds	Federal Funds
FY 2021-22	\$	\$	\$	\$	\$
FY 2022-23	\$1,282,965	\$1,282,965	\$	\$	\$
FY 2023-24	\$	\$	\$	\$	\$

Categories of IT Capital Projects

System Replacement (costs escalating, failing technology, software or vendor support ended, or new technology, e.g., DRIVES, CHATS)	System Enhancement Regulatory Compliance (new functionality, improved process or functionality, new demand from citizens, regulatory compliance, e.g, CBMS)	Tangible Savings Process Improvement (conscious effort to reduce or avoid costs, improve efficiency, e.g., LEAN, back office automation)	Citizen Demand “The Ways Things Are” (transformative nature of technology, meet the citizens where they are, e.g., pay online, mobile access)
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Request Summary:

The Department of Corrections (DOC) requests \$1,282,965 Information Technology Capital Construction Funds (CCF-IT) in FY 2022-23 to modernize its timekeeping and scheduling systems. This request includes all of the components necessary to implement a web-based system, including software licenses, professional services, training, change management, hosting, and project management. Through this request the Department, in collaboration with the Governor’s Office of Information Technology (OIT), seeks approval from the Joint Technology and Joint Budget Committees to implement a timekeeping and scheduling systems modernization project that will replace the current timekeeping system within the Department of Corrections Information System (DCIS) and satisfy the requirements of Colorado Revised Statutes 17-1-103 (1)(q) and 17-1-115.8.

Project Description:

The Department's request is for a system replacement and it assumes customizable off-the-shelf (COTS) software available from Kronos will be utilized for this requirement. The COTS software will need to be tailored for the Department's unique scheduling and timekeeping requirements therefore incurring one-time costs for custom programming. The Department also desires to have the software hosted in the cloud to eliminate the need for maintaining servers on its premises. This setup will allow Department employees to utilize a full range of electronic means to access the systems such as mobile applications, kiosks/timekeeping stations, and personal computers. Most state agencies have been using Kronos for their timekeeping system for several years; this request aligns the DOC with other agencies and eliminates the need to keep the legacy DCIS operational solely for timekeeping purposes.

With the utilization of COTS software, it is expected that the project implementation will be completed within one year of project approval. Ongoing funding will be determined and requested in a subsequent decision item. The Department, along with Kronos, invested significant time in developing the needed configurations for using Kronos Timekeeper Version 8 before this timekeeping solution was ended under the HRWorks project. Based on the work that already exists, the timeline for implementing the Kronos Dimension timekeeping solution is far shorter than it would have been if DOC just began the project work. The project timeline includes plan, assess, build, test, and certify phases lasting approximately 9 months. The deployment phase, including end user training, is expected to take 3 months. The training for end users is expected to overlap with final testing and certification of the systems.

- **Systems Integration Opportunities** - The proposed project would build on the analysis work that was performed during the HRWorks intended implementation. Changes to that analysis are intended to be minimal. Kronos Timekeeper would integrate into the current CPPS for payroll and streamline the DOC payroll process with improved efficiency.
- **Risks and Constraints** - Risks are associated with the history of projects being canceled such as with HRWorks. The risk is mitigated with a full commitment to continuing this project without cancellation. The Kronos solution is tried and proven worldwide in over 50,000 successful implementations so the risk of failure is highly minimal. Project management risk is reduced by this project being sponsored by the DOC Executive Team and managed and directed by the DOC Business Innovation Group that has staff to act on the DOC's behalf to reduce project risk.
- **Operating Budget Impact** - This request is strictly for the implementation phase and subsequent funding for ongoing software fees and equipment fees will be requested in future budget requests. The Department expects an increase in its Payments to OIT appropriation to pay for its proportionate share of Kronos costs similar to the other state agencies already using the timekeeping and scheduling applications. This includes user license fees, time clock maintenance, and OIT's Kronos administrator costs.

Background of Problem or Opportunity:

The OIT previously began the effort to modernize timekeeping and human resources functions across the executive branch with the submission of a \$16 million FY 2014-15 capital construction request. This project initially awarded the timekeeping solution to Kronos which led to the DOC's partnership with Kronos in determining the required configurations to implement this timekeeping system. The Department was preparing to begin training and put Kronos into production in FY 2017-18 when the HRWorks project managers decided to halt the implementation of Kronos and use a different vendor for timekeeping. The subsequent ending of the HRWorks project on May 19, 2020 eliminated the expected modernization of DOC's timekeeping system and extended the Department's reliance on using DCIS for this purpose. At the present time, the DeCORuM system is expected to be fully implemented by June 30, 2023 thereby negating the need to continue using DCIS except for timekeeping purposes.

The Department utilizes a myriad of manual methods for tracking hours worked by all employees and for scheduling shifts and days off for those employees that work varying shifts and schedules. The current timekeeping and scheduling practices are very labor intensive and are not standardized between work locations. These practices leave the Department vulnerable for accountability gaps and potential lack of compliance with labor laws.

The DOC currently uses the DCIS to enter individual employee work and leave hours. The data entry into DCIS is typically performed by a disinterested third party that inputs from paper timesheets that were prepared by the employee and approved by the supervisor. The DCIS tracks time worked, leave usage, and leave accruals, and also calculates shift differential premiums and overtime. The timekeeping data from DCIS is interfaced with the Colorado Payroll Personnel System (CPPS) to generate payments to employees. The DCIS is an end-of-life system that is scheduled to end production in June 2023. The Informix database within DCIS will be retired which will render the current timekeeping system unstable.

Senate Bill 13-210, *Corrections Officers Staffing Levels*, addressed employment conditions for correctional officers and directed the Department to take several steps to improve conditions and to provide an annual report to the General Assembly regarding correctional officer staffing levels. The accompanying changes to the Colorado Revised Statutes (C.R.S.) included the following areas that are tied to timekeeping and scheduling practices:

- C.R.S. 17-1-103 (1) (q) directs the Executive Director to “collaborate with the Department of Personnel and the Office of Information Technology on their existing efforts to modernize the State’s personnel timekeeping systems in order to produce a system that is transparent, accountable, and easily employed by Department personnel.”
- C.R.S. 17-1-115.8 (3) (c) directs that “all department employees receive with their pay check a pay stub that clearly and accurately reflects all hours worked, standard rate of pay, rate of overtime pay, accrual of any paid leave and compensatory time, remaining paid leave, and compensatory balances;”
- C.R.S. 17-1-115.8 (3) (d) adds that “the Department shall establish administrative regulation practices that create greater flexibility in the staffing of facilities, including but not limited to employee shift substitution, voluntary overtime lists, roving, and pool staff coverage;”

The Department needs to move away from its current paper-based workforce management processes in order to be compliant with the Colorado statutes mentioned above. Automation of the time collection process will ensure real time data is available by having each employee record their time in and out as it happens. The automation of timekeeping will increase productivity of Department staff and will serve to enhance the accuracy and accountability of employee work hours.

Automation of the scheduling process will provide the means for consistent recording of employee work hours by utilizing a standard system rather than the current variety of manual methods that can be subject to differing interpretations between supervisors. An automated scheduling system will provide the tool the Department needs to increase staffing flexibility by creating voluntary overtime lists and special needs lists when specific certifications are required for emergency situations. Finally, an automated schedule will streamline roster management by automating many of the scheduling activities that supervisors manually perform today. Supervisors will, in turn, be freed to increase their time on the floor to observe and interact with employees rather than be confined to an office working the phones to make sure proper staffing is in place for each shift.

The majority of the Department's employees fall under section 207(k) of the Fair Labor Standards Act which provides that employees engaged in law enforcement may be paid overtime on a work period basis. The work period for the approximately 3,500 employees that are subject to section 207(k) changed to a 14-day/85 hour work period per SB 13-210. Once an employee has worked 85 hours in a work period, additional hours will be paid at the overtime rate or tracked at a time and one-half rate for compensation time to be taken off at a later date. Given the complexities of tracking the schedules and hours worked by employees that are 207(k) exempt, the Department requires the Kronos Dimension scheduling solution to assist with this oversight responsibility. A system of this type will also facilitate the management of potential overtime liabilities as well as provide system users with the accountability and transparency required by statute. Finally, automated timekeeping and scheduling systems will allow staff to have real time visibility on hours worked, leave balances, compensatory time, and overtime hours. The automated systems will also increase productivity across the Department by streamlining the timekeeping and scheduling processes, thereby providing more time for employees to focus on their primary duties.

Justification:

- **Business Process Analysis** - While significant business analysis was performed before the HRWorks project failure. A new look at this solution was performed and validated that this is the best approach for the DOC. This also is aligned with other agencies with similar time and leave needs.
- **Cost-Benefit Analysis and Project Alternatives (per H.B. 15-1266)** - At this point doing nothing is the only option, but a costly option with little to no capability. It will continue to be a violation of the statute. Choosing a different vendor software approach would be more costly and take a longer time to implement leading to more cost. A different vendor software would add complexity to the solution and take more funding to support.

- The same cost justification holds true in this request as it did for the familiar HRWorks implementation. The only difference is the newer software offers more flexibility and functionality along with more Colorado implementation experience due to other agencies ahead of the DOC implementation.

The Department issued previous RFIs to Kronos regarding Timekeeping & Scheduling systems solutions in 2014. Formal market research includes information from other state agencies using Kronos solutions and a previous Departmental request for Kronos integration and implementation outlining the needs of our agency.

Kronos will deliver the following integrations using the Dell Boomi Workforce Dimensions Integration Platform. Interfaces are scheduled via Workforce Dimensions and transferred to the Workforce Dimensions secure FTP (SFTP) environment. **Business Data Automation:** Kronos provides the ability to keep our Workforce Management systems' business structure refreshed as our business organization changes to support new business goals, reorganizations, new locations, acquisitions, divestitures, etc. Business Data Automation includes recurring and fully automated integrations to help eliminate costly and time consuming manual entries. Integration includes automation of: Labor Categories, Labor Category Lists, Labor Category Profiles, Organizational Sets, Employee Groups, Business Structure, and Employee Data. **Product Link Standard Integration:** Integrations listed in this section are considered core products and to satisfy predefined use-cases or Kronos to Kronos productized integration. Kronos Workforce and Dimensions/TeleStaff Link. **Flat-File Integration Templates:** Integrations listed in this section are delivered via encrypted flat-file via Kronos Secure FTP site and process as a scheduled event. Payroll Export, Accrual Balance Export, and Accrual Reset Import. Kronos will deliver the scope of this project utilizing a blended approach. A blended approach combines onsite and remote resources.

A Budgetary Estimate was completed by the Kronos Workforce Solutions team to include scope, approach, costs, and how the project will be managed. The total estimated cost includes educational training, professional services, project management, ongoing operation costs, maintenance and related expenses.

The Kronos onboarding process is driven by value and enabling business outcomes. This approach, focused on accelerated time to value, uses tools and techniques, such as industry and region-specific configuration, Kronos process recommendations, dynamic documentation, and accelerated testing processes. All project information is available online to allow project team members access to project status, contact information, issues log, test case tracking, training plan, etc. at any time.

- **Success Criteria and Improved Performance Outcomes** - Success Criteria for this implementation is leveraging an automated (non-paper/manual) system that reduces the need for significant human intervention. Each timesheet entered averages three minutes which equates to 310 hours per month based on an average of 6,200 FTEs. Improved accuracy of data alone will be reduced simply by only needing to enter data once along with the automation of badging in/out. Less administrative oversight due to system automation.

- **Assumptions for Calculations** - Assumptions are that the vendor costs are accurate, the vendor performs the “heavy lifting” project work leaving only the need for the DOC stakeholder cost of training and implementation already covered in the current operations budget.
- **Consequences if not Funded** - The Department will not be in compliance with Colorado Statutes. The paper-based workforce management processes do not provide the transparency, accountability, and efficiency as required by C.R.S. 17-1-103 (1) (q). While the Department has modified its administrative regulation practices to create greater staffing flexibility, an automated scheduling system goes hand-in-hand with the requirement to effectively implement the changes directed in C.R.S. 17-1-115.8 (3) (d). The Department will be forced to continue using its legacy DCIS for timekeeping and payroll calculations purposes once this system is replaced by the electronic offender management information system (eOMIS). There is great risk in continuing to use DCIS once the Informix database is retired as it will create instability in the timekeeping system.

In this section please include:

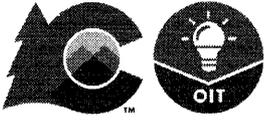
- **Change Management** - Change management will use the tried and proven method that Kronos uses worldwide. During the “Collaborate Phase” where a partnership begins the process to acclimate change agents and practitioners to the new software solution. This approach is proven to gain full Adoption of the software solution to effectively deploy the solution to the end users.
- Both instructor-led training and virtual training will be leveraged to gain the best real-time training experience along with the ability to work independently to support the software solution adoption.
- A full testing strategy will be deployed that includes user acceptance testing, data migration testing, and system integration testing. This test plan has been developed and approved by other Colorado agencies that have more near term implementations.
- A full communication plan is provided throughout the implementation to continuously keep users and management informed as to the project progress and issue resolution.
- **Alignment with OIT Best Practices and Standards** - This solution leverages the OIT best practices that is currently in place and being implemented by multiple Colorado agencies.
- **Procurement** - OIT currently holds the Kronos Master Contract and will drive procurement needs.
- **Disaster Recovery and Business Continuity** - This solution is managed in a SaaS Cloud solution so Disaster Recovery and Business Continuity are not a risk.
- **Accessibility Compliance** - Kronos is dedicated to the philosophy that accessibility is a core principle. Kronos Workforce Dimensions meets the World Wide Web Consortium Accessibility Guidelines (WCAG) 2.0 Level AA to support users of all abilities. Users with visual or mobility impairments are able to navigate the solution with ease by taking advantage of options such as VoiceOver (VO), Zoom, and Invert Colors. These

accessibility points meet Section 24-85-103, C.R.S. criteria to set and maintain non-visual access standards for IT systems statewide.

- **Impact to IT Common Policy (For Statewide OIT Projects Only)** - The impact of this solution on other agencies is only positive as it will align with the agencies that are already using this solution or are in the process of implementing this solution.

ADDITIONAL REQUEST INFORMATION	
Please indicate if three-year roll forward spending authority is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a continuation of a project appropriated in a prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this is a continuation project, what is the State Controller Project Number?	No
If this request effects another organization, please provide a comfort letter.	
Please attach a letter from OIT indicating review and approval of this project	

ESTIMATED PROJECT TIME TABLE		
Steps to be completed	Start Date	Completion Date
Phase I - Plan, Assess, Build, Test & Certify.	July 1, 2022	June 30, 2023



COLORADO
Governor's Office of
Information Technology

7/23/2021

Lauren Larson
Director
Office of State Planning and Budgeting
111 State Capitol
Denver, Colorado 80203

RE: FY 2022-23 Dept. of Corrections IT Capital Request - Modernize Timekeeping & Scheduling Systems

Dear Director Larson:

Pursuant to OSPB instructions, this letter is to confirm that the Office of Information Technology (OIT) has been informed of the development and submission of this proposed FY 2022-23 IT Capital request for the Department of Corrections to modernize their timekeeping and scheduling system.

OIT has completed an internal review to ensure the project aligns with statewide IT goals and determined that OIT has the capacity to deliver and meet the requirements of the project.

Sincerely,

Patricia Nord

Patricia Nord, OIT Budget Director

A handwritten signature in black ink, appearing to read 'Richard Stewart', written over a faint circular stamp.

Richard Stewart, OIT DOC IT Director



RY_CC-IT: CAPITAL CONSTRUCTION INFORMATION TECHNOLOGY REQUEST FOR FY 2022-2023

Department	Governor's Office of eHealth Innovation (OeHI)	Signature Department Approval:	Date
Project Title	Colorado Rural Health Connectivity-Health Cabinet	Signature OIT Approval:	Date
Project Year(s)	FY 2022 - 2023	Signature OSPB Approval:	Date
Department Priority Number	1		
Five-Year Roadmap?	Yes or No	Name and e-mail address of preparer:	

Revision? Yes No	Total Project Costs	Total Prior Year Appropriations	Current Request FY 2022-23	Year 2 Request	Year 3 Request	Year 4 Request	Year 5 Request
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If yes, last submission date: _____

(1) Consultants/Contactors	\$ 17,939,143	\$ 6,498,000	\$ 10,978,007	\$ 231,568	\$ 231,568	\$ -	\$ -
(2) Quality Assurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Independent Verification and Validation (IV&V)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(5) Leased Space (Temporary)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(6) Feasibility Study	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(7a) Inflation for Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(7b) Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(8) Other Services/Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(9) Total Professional Services	\$ 17,939,143	\$ 6,498,000	\$ 10,978,007	\$ 231,568	\$ 231,568	\$ -	\$ -

(1) Software COTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(2) Software Built	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(3a) Inflation on Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(3b) Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(4) Total Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(1) Servers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(2) PCs, Laptops, Terminals, PDAs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Printers, Scanners, Peripherals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Network Equipment/Cabling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(5) Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(6) Miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(7) Total Equipment and Miscellaneous Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(1) 5% project contingency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Budget Request [A+B+C+D]	\$ 17,939,143	\$ 6,498,000	\$ 10,978,007	\$ 231,568	\$ 231,568	\$ -	\$ -
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GF	\$ 6,802,372	\$ 1,081,800	\$ 5,489,004	\$ 115,784	\$ 115,784	\$ -	\$ -
CF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FF	\$ 11,136,771	\$ 5,416,200	\$ 5,489,003	\$ 115,784	\$ 115,784	\$ -	\$ -

check (should = E) \$17,939,143 \$6,498,000 \$10,978,007 \$231,568 \$231,568 \$0 \$0



Office of eHealth Innovation

Jared Polis
Governor

FY 2022-23 Request Year-IT Capital Request | 09/29/2021

Carrie Paycoc
Director of OeHI

Signature: Carrie Paycoc, Date: 09/29/2021

Signature: _____ Date: _____

RY – Department IT Capital Construction Priority: CC-IT-01 (GOV)
Colorado Rural Connectivity Program- Health Cabinet

Table with 6 columns: Summary of Request, Total Funds, CCF-IT, Cash Funds, Reappropriated Funds, Federal Funds. Rows for FY 2021-22, FY 2022-23, FY 2023-24, and FY 2024-25.

Select One: Categories of IT Capital Projects (most are driven by one category with components of all)

Table with 4 columns: System Replacement, System Enhancement Regulatory Compliance, Tangible Savings Process Improvement, Citizen Demand 'The Ways Things Are'.

Request Summary:

The Office of eHealth Innovation (OeHI), in partnership with the Office of the Lieutenant Governor, the Department of Health Care Policy and Financing (HCPF), and the Office of Saving People Money on Health Care (OSPMHC) requests \$10,978,007 million one-time funding in FY 2022-23, \$231,568 one-time funding in FY 2023-2024 to continue implementation efforts with rollforward authority. The funds for this request would be appropriated to a specific OeHI Health Cabinet Rural Project line item within the HCPF appropriation. This includes \$5,489,004 million in General Fund (GF) in FY 2022-23, and the remaining \$5,489,003 million matched federal funds), \$115,784 in GF in FY 2023-25, and we anticipate a future request in FY 2024-25 to support ongoing system use and grant funds for rural providers to use toward modernizing their information technology (IT) infrastructure to enable affordability solutions and innovations in patient care.

This request directly addresses the Administration's priority of saving people money on health care by enabling health care affordability solutions and innovations in rural communities that are impeded because of the foundational Information Technology (IT) gap. The Health Cabinet selected this project as a priority in direct support of their FY 2022-23 Wildly Important Goals (WIGs) and long-term agenda.

Project Description:

OeHI is focused on leveraging health information exchange, data sharing, technology, innovation, and policy to reduce health care inefficiencies, improve health outcomes, and lower costs over time. Colorado's Health IT Roadmap establishes a strategy to harmonize and advance data sharing and health information exchange across Colorado. To date, Roadmap efforts have connected approximately 75% of the state's hospitals and clinics to the state-designated health information exchange (HIE) network, with an increased emphasis on increasing connectivity to rural safety net providers beginning in FY 2019-20 with the Rural Connectivity Program.

OeHI established the Rural Connectivity Program to address gaps in the HIE network by providing affordable and effective technical connectivity options for the rural critical access hospitals and certified rural health clinics. For the baseline survey assessment and metrics, OeHI established that all 60 independent rural clinics, and 49 of 84 total rural safety-net facilities (critical access hospitals and certified rural health centers), were not connected to the HIE network and lacked technical work force and access to analytics due to affordability of these solutions, tight budgets, and workforce capacity. Based on provider readiness and degree of impact, OeHI prioritized the rural safety-net facilities to be part of the Rural Connectivity Program.

In FY 2019-20, OeHI and the Governor-appointed eHealth Commission developed a COVID-19 Surveillance Dashboard in partnership with Colorado Community Managed Care Network (CCMCN) and the Colorado Rural Health Center (CRHC) for pandemic response efforts and to begin providing affordable health information technology solutions to rural providers. This effort served as the first step in providing critical health information exchange and analytic connections to rural safety-net facilities in the state. In October 2020, OeHI continued this implementation, expanding COVID-19 Surveillance Dashboard access to 60 of the 84 rural safety-net facilities, a 40% increase from the prior year. Through this process, OeHI assessed provider readiness to connect to the HIE network and other technical infrastructure, such as broadband and telemedicine, and prioritized rural safety-net providers for the next stages of connectivity. This foundational work establishes a data infrastructure with the rural safety net facilities and provides essential background data to establish effective strategies for implementation. This infrastructure allows for expansion of the care

coordination and quality reporting models, ultimately creating affordable and accessible health information exchange for rural providers.

In FY 2020-21, legislators approved the Capital IT appropriation of \$6.5 million to OeHI for the Rural Connectivity Program. This appropriation is focused on connecting rural critical access hospitals and certified rural health clinics to the HIE network and analytic infrastructure, with a significant federal match rate that enables the State of Colorado to receive \$5.5 million in federal funds with a \$1 million General Fund investment.

OeHI, in partnership with the Lieutenant Governor's Offices and HCPF, requests \$10,978,007 million in one-time funding in FY 2022-2021, \$231,568 in FY 2023-2024 to continue implementation efforts with rollforward authority.

This includes \$5,489,004 million in General Fund (GF) in FY 2022-23 (and the remaining \$5,489,003 million matched federal funds), \$115,784 in GF in FY 2023-25, and we anticipate a future request in FY 2024-25 to support ongoing system use and grant funds for rural providers to use toward modernizing their information technology (IT) infrastructure to enable affordability solutions and innovations in patient care. This solution includes: connecting local electronic health records to the state's HIE network; creating a shared analytics platform between rural providers; and providing technical and workflow support to providers.

The funding would primarily be a one-time investment to onboard all rural independent providers (primary care, behavioral health, and social programs) to the state's health information exchange network based on demonstrated need. The initial infusion of technical support and expertise to upgrade, construct a comprehensive workflow, and provide necessary training to providers and staff will build the foundation for ongoing digital transformation, reducing the need for technical staff over time. Additionally, this request aligns with and advances efforts led by the Department of Human Services (CDHS) and Office of Behavioral Health (OBH) and does not duplicate approaches or funding. CDHS's behavioral health data integration efforts aim to connect community behavioral health providers to the HIEs that are not included in this request nor the prior OeHI request, and does not include ongoing grant funds for digital transformation.

This transformative infusion would enable all rural health providers, including rural behavioral health providers, to drive affordability modernization. Additionally, the analytics and IT support would enable providers to concurrently address disparities in care and improve rural health equity as well as shared analytics between rural facilities to enable care management. The ability to use the IT support, analytics, and tools will further enable inter-rural referrals, which drives financial sustainability for hospitals and stabilizes some of the largest employers in their respective rural communities.

In addition to the technology component, the request includes initial funding for staffing resources through FY2024. The project management and coordination roles will facilitate and ensure an equitable application and selection process for grant funds. These roles will maximize the newly-enabled affordability tools, work to incentivize value-based payments to encourage sustainability of this model, and aim to drive affordability for rural Coloradans, rural employers, and the state health and human service agencies

OeHI considers this request as aligning with Step 3 on the Evidence Continuum in use in Colorado, as the initiative includes defined program objectives and the collection of evidence to assess if program objectives are met.

Failure to approve the request would result in rural communities continuing to fall further behind on overall care management, affordability, accessibility, and economic recovery. These funds allow ALL rural providers an opportunity to partake in state affordability and transformative technology and payment efforts such as the state's prescriber tool, e-consult, and value-based payment models; they are also in alignment with health cabinet goals such as the behavioral health administration efforts to increase tele-behavioral health and the integration of systems and data to support care coordination.

Leverage Current Capabilities

This program builds upon existing health information technology infrastructure and the Rural Connectivity Program that is scalable and reusable. Leveraging current capabilities is a key value and approach for all health information technology projects led by OeHI.

Operating Budget Impact

At this time, OeHI is not requesting any new FTE or operational funding. This project sets up rural safety-net providers for sustainability. This sustainability planning and transition will begin in FY22 and future operational support costs may be incorporated in a future budget request.

Background of Problem or Opportunity:

Rural Colorado has the highest health care costs in Colorado and in the nation. Without health IT infrastructure and support to rural providers, the urban-rural divide of health care affordability will continue to grow. Connection to HIEs in Colorado is desired but currently cost-prohibitive for many rural health clinics and hospitals. These costs include connection, data transmission, and analytics costs from the state's HIEs, analytic vendors, and electronic health record (EHR) vendors. These facilities operate on smaller budgets and are unable to connect to the HIE network due to outdated or nonexistent electronic health records, lack of technical workforce to implement the connections, and constrained budgets.

Although the legislature appropriated funding to OeHI to connect the 84 critical access hospitals and certified rural health clinics to HIEs, there are approximately 60 independent rural health providers, hundreds of behavioral health providers, and hundreds of community-based organizations such as food clinics and housing organizations that are not able to use the state's HIE network. These providers generally do not qualify for federal funding match or grant programs as a result of their size and/or care focus. Additionally, there is no established ongoing digital transformation grant funding available to rural providers to help offset technology costs. This type of program and funding was identified by stakeholders through the Rural Connectivity Program as a key barrier to participating in state-sponsored affordability and health equity efforts. Lack of connectivity limits the ability to share key health details across communities, providers, and insurers. Therefore, providers do not have access to their patient's longitudinal health record and cannot avoid duplicative utilization of services because their system is not connected to a centralized exchange. These disparities have been highlighted and emphasized during COVID-19 pandemic emergency response efforts. With the rural health care workforce already inadequate in coverage and number, expanding use of the state's HIE network would bolster the current workforce both individually and collectively.

There is a digital divide between those who can afford to pay and access health information and those who cannot afford to do so. Additionally, many rural facilities struggle to recruit and employ skilled technical staff to support health information technology and to access common data and analytics. Without the basic provider infrastructure – which is largely in place on the front range - rural providers simply cannot

implement the tools that are core to affordability strategy and innovation, such as patient referral management, eConsults, or implementation of critical capabilities like telehealth. Many providers this program intends to support are currently utilizing paper records and/or vastly outdated technology, which is burdensome to providers and does not enable them to provide top patient care. While independent rural providers see the need and value for this technology, it is often simply out of their financial reach.

Justification:

OeHI and the eHealth Commission Rural Connectivity Workgroup completed extensive analysis to develop this project including business process analysis, cost-benefit analysis, defining criteria for improved performance metrics, assumptions for calculation, consequences if not funded, implementation plans, change management plans, and alignment with OIT best practice and standards. Details of each are described below.

Business Process Analysis

Colorado's Health IT Roadmap Initiatives "Affordability and Accessibility of Analytics" and "Affordability and Accessibility of Health Information Technology" were identified through extensive stakeholder input to detail initiative and business analysis in partnership with OIT, HCPF and the eHealth Commission to define the requirements. OeHI is committed to refining business requirements and defining processes throughout the lifecycle of the project.

Cost-Benefit Analysis and Project Alternatives (per H.B. 15-1266)

OeHI conducted research to determine the value of implemented enhancements and improved coordination of statewide health IT infrastructure prior to submitting this request. Attached is the initial literature research conducted in 2018 titled Appendix C and recent research on state investments of ARRA HITECH ACT funds for HIE and health information technology infrastructure titled Appendix B¹. OeHI reviewed, and continues to review, how other states leverage federal funds to invest in state infrastructure. See attached for a summary and analysis for other state investments. Additionally, as OeHI implements projects, each project will have specific metrics and outcomes to track and measure the impact of the investment to the state. Initial planning for financial models is underway.

To satisfy SB17-304, OeHI conducted surveys and research, and convenes monthly public eHealth Commission meetings and Roadmap stakeholder meetings to ensure infrastructure meets end-user needs and statutory requirements. Prior requests for information and stakeholder sessions informed this funding request.

Success Criteria and Improved Performance Outcomes –

All projects that receive federal funding match through CMS require outcome-based measures. These measures will be reviewed and approved by CMS prior to the start date of this project. All projects launched by OeHI have success criteria and performance metrics defined by stakeholders and managed by OeHI and OIT's Portfolio Management Office.

Assumptions for Calculations

OeHI assumes that CMS would approve the activities defined in this request at the proposed federal match rates. OeHI assumes that the requested implementation and general administrative costs would qualify as minimum for 50% FFP with the potential for 90% FFP for qualified implementations and the potential for 75% FFP on ongoing qualified technology and supports that advance Medicaid business needs and operations.

¹ Refer to Appendix B and C for literature and market research

This request does not include any new funding to support OeHI's current Rural Connectivity Program, but extends connectivity options to small, independent providers traditionally not eligible for federal funding opportunities. Additionally, the Digital Transformation Grant Fund could be leveraged by any rural providers based on an equitable and competitive process.

For detailed calculations, please see [Appendix A: Assumptions and Calculations](#)

For market research, reference [Appendix B: Market Research](#)

Consequences if not Funded

Although the legislature appropriated funding to OeHI to connect the 84 critical access hospitals and certified rural health clinics to HIEs, there are approximately 60 independent rural health providers, hundreds of behavioral health providers, and hundreds of community-based organizations such as food clinics and housing organizations that are not connected to the state's HIE network. Lack of connectivity limits the ability to share key health details across communities, providers, and insurers. Therefore, providers do not have access to their patient's longitudinal health record and cannot avoid duplicative utilization of services because their system is not connected to a centralized exchange. These disparities have been highlighted and emphasized during COVID-19 pandemic emergency response efforts. With the rural health care workforce already inadequate in coverage and number, expanding use of the state's HIE network would bolster the current workforce both individually and collectively.

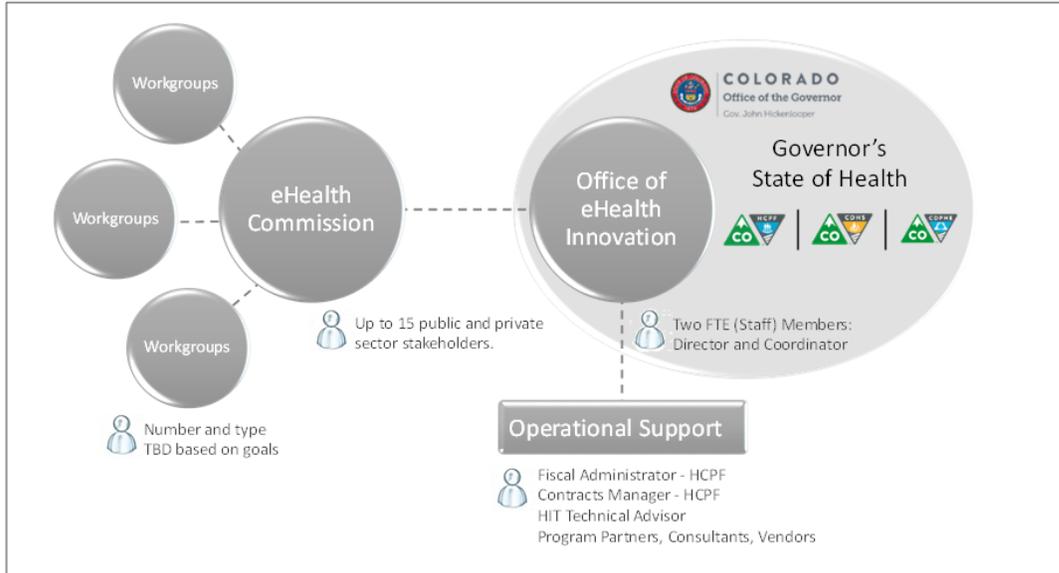
Additionally, not proceeding is a missed opportunity to leverage federal fund match and delays sustainability for these independent safety-net providers. Without funding, independent rural providers and the patients they serve will continue to be at a disadvantage, in comparison to the urban health systems and providers who have the funding to pay for connectivity. This disadvantage could result in worse health outcomes and higher health care costs for patients such as duplicate tests and procedures.

Implementation Plan

The Implementation Plans for these initiatives are being developed by OeHI in collaboration with OIT, managed day-to-day by OeHI/OIT Health IT Portfolio Management Office (PMO), and governed by the eHealth Commission, which serves as the Steering Committee for the Colorado Health IT Roadmap. Through the development of Colorado's Health IT PMO, specific metrics and outcomes are being defined for all funded efforts. As part of this planning effort and ongoing assessment, OeHI conducted research to understand how other states have planned, designed, and implemented statewide health IT leveraging. Appendix B includes literature research from the initial request and Appendix C includes research on investments other states have made on HIE and health information technology to improve care and reduce costs. The following visual depicts OeHI and eHealth Commission's governing structure.

Organizational Structure

Who we are



Change Management

Change Management is a requirement for all OeHI projects. The change management strategy includes training, communication, and testing as applicable. Additional change management and technical assistance for statewide initiatives such as the implementation of electronic clinical quality measurement reporting is necessary to ensure providers adopt the technology in a meaningful way.

Alignment with OIT Best Practices or Standards

All efforts outlined in this proposal would comply with applicable rules, policies, procedures, and standards issued by OIT, including change management, project lifecycle methodology and governance, technical standards, documentation, and other requirements². This includes all Cyber Security Policies, all IT standards, and partnership with the Governor's Data Advisory Board.

Procurement

The procurement of this project involves both programmatic (non-technical) efforts and technical projects. OIT is directly involved with OeHI scoping and procurement of solutions through the Health IT PMO. OeHI has an interagency agreement with OIT to contract for project managers and technical staff and fund HIE projects. Projects are gated through OIT as applicable. OeHI continues to work with OIT in a coordinated and collaborative manner.

Security and Backup/Disaster Recovery

All implementations would be compliant with all existing state and federal IT architecture, security and business continuity requirements and guidelines, and State cybersecurity policies set forth by the Office of Information Security. Additionally, all OIT Project Gating would be closely followed to ensure adequate

² www.oit.state.co.us/about/policies

risk assessments are conducted and all necessary actions are taken as a result. The Disaster Recovery Plan is a requirement of Gate 4 and the Authorization to Operate would not be granted without the needed documentation and planning.

Accessibility Compliance

It is not clear what portions of implementation would require accessibility compliance. However, as these items are developed, compliance would be ensured.

Impact to IT Common Policy

It is not anticipated that this request would impact common policy. Any ongoing appropriations would be directly appropriated to the HCPF or the Governor’s Office.

ADDITIONAL REQUEST INFORMATION	
Please indicate if three-year roll forward spending authority is required.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this a continuation of a project appropriated in a prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If this is a continuation project, what is the State Controller Project Number?	N/A
Please attach letter from OIT indicating review and approval of this project	See attached.

ESTIMATED PROJECT TIME TABLE		
Steps to be completed	Start Date	Completion Date
COVID-19: Surveillance Dashboard Release -Emergency Response	05/01/2020	09/30/2020
Rural Connectivity: Assessment of Providers Readiness -Assessment informs program design and development	11/22/2020	09/30/2021
Rural Connectivity: COVID-19 Dashboard release part 2- (39 of 84 remaining rural safety-net facilities)	11/22/2020	09/30/2021
Rural Connectivity: HIE Onboarding- (51 of 84 remaining rural safety-net providers)	10/01/2020	09/30/2021
Rural Connectivity: Broadband Expansion -pending ARP Funding	03/01/2021	03/01/2022
Rural Connectivity: Decision Item Implementation- (includes training and testing based on phased roll-out)- <i>In Progress</i>	07/01/2021	06/30/24
Sustainability Planning for Ongoing Operations- Current Phase	07/01/2022	06/30/23
Rural Connectivity: Decision Item Implementation- FY22-FY23 (includes training and testing based on phased roll-out)- <i>In Progress</i>	07/01/2022	06/30/25
Project Close Out and Transition to Ongoing Operations- Current Phase to start in FY24; New Health Cabinet Request to initiate this process no later than FY25	06/30/24	-

R-X [Title] Appendix A: Assumptions and Calculations

Table 1.1 Summary by Line Item FY 2022-23									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; Office of eHealth Innovations Operations	\$238,007	1.9	\$119,004	\$0	\$0	\$119,003	50.00%	
B	*NEW LINE ITEM within HCPF Capital Construction Bill	\$10,740,000	0.0	\$5,370,000	\$0	\$0	\$5,370,000	50.00%	Summary by Initiative Row F
C	Total Request	\$10,978,007	1.9	\$5,489,004	\$0	\$0	\$5,489,003	50.00%	Sum of Rows A

Table 1.2 Summary by Line Item FY 2023-24									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; Office of eHealth Innovations Operations	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	Summary by Initiative Row C
B	Total Request	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	Sum of Rows A

Table 1.3 Summary by Line Item FY 2024-25 and Ongoing									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; Office of eHealth Innovations Operations	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	Summary by Initiative Row D
B	Total Request	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	Sum of Rows A

R-X [Title] Appendix A: Assumptions and Calculations

Table 2.1 Summary by Initiative FY 2022-23									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Implementation Costs	\$9,660,000	0.0	\$4,830,000	\$0	\$0	\$4,830,000	50.00%	Table 3.1 Row E *Assume Roll-Forward Authority
B	Subscription Fees	\$1,080,000	0.0	\$540,000	\$0	\$0	\$540,000	50.00%	Table 3.1 Row G *Assume Roll-Forward Authority
C	FTE Costs Project Managers	\$238,007	1.9	\$119,004	\$0	\$0	\$119,003	50.00%	FTE Tables
D	Total Request	\$10,978,007	1.9	\$5,489,004	\$0	\$0	\$5,489,003	50.00%	Sum of Rows A through C

Table 2.2 Summary by Initiative FY 2023-24 and Ongoing									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	FTE Costs Project Managers	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	FTE Tables
C	Total Request	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	Sum of Rows A thru E

Table 2.3 Summary by Initiative FY 2024-25 and Ongoing									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	FTE Costs Project Managers	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	FTE Tables
D	Total Request	\$231,568	2.0	\$115,784	\$0	\$0	\$115,784	50.00%	Sum of Rows A thru Q

R-1: Rural IT Infrastructure and Connectivity Stimulus Appendix A: Assumptions and Calculations

Table 3.1 IT Implementation Costs and Subscription Costs FY 2022-23						
Row	Item	Units / Providers	Cost per Unit / Provider	Total Cost	FFP	Notes / Calculations
A	HIE Onboarding	60	\$42,000	\$2,520,000	50%	One time
B	Data Analytics	60	\$36,000	\$2,160,000	50%	Ongoing
C	Technical Assistance Fees	60	\$65,000	\$3,900,000	50%	Ongoing
D	System Upgrade for Facilities	60	\$18,000	\$1,080,000	50%	Ongoing
E	Subtotal Implementation Costs			\$9,660,000	50%	Sum Rows A through D
F	HIE Subscription Fees	60	\$18,000	\$1,080,000	50%	Ongoing
G	Subtotal Subscription Costs			\$1,080,000	50%	Sum of Row F
H	Total IT Costs	60	\$179,000	\$10,740,000	50%	Row E + Row G

R-X [Title] Appendix A: Assumptions and Calculations

Summary by Line Item				FY 2022-23	FY 2023-24	FY 2024-25
Personal Services				\$171,408	\$178,272	\$178,272
Centrally Appropriated Costs				\$37,499	\$38,196	\$38,196
Operating Expenses				\$15,900	\$1,900	\$1,900
Leased Space				\$13,200	\$13,200	\$13,200
Total				\$238,007	\$231,568	\$231,568
Official FTE Count				1.9	2.0	2.0

Local Evidence Supporting Rural Connectivity

Colorado Rural Health Center “[Snapshot of Rural Health 2021](#)”

University of Colorado Denver School of Public Affairs [Brief 2020](#)

National Research Supporting Rural Connectivity

1. <https://www.hhs.gov/about/news/2020/06/09/hhs-announces-enhanced-provider-portal-relief-fund-payments-for-safety-net-hospitals-medicaid-chip-providers.html>
"Healthcare providers who focus on treating the most vulnerable Americans, including low-income and minority patients, are absolutely essential to our fight against COVID-19," said HHS Secretary Alex Azar. "HHS is using funds from Congress, secured by President Trump, to provide new targeted help for America's safety-net providers and clinicians who treat millions of Medicaid beneficiaries."
2. <https://ehrintelligence.com/news/how-hies-are-promoting-interoperability-for-rural-providers>
 - In a survey conducted by Strategic Health Information Exchange Collaborative (SHIEC), 92 percent of the US population is covered by HIEs.
 - But according to the most recent ONC data brief in late 2018, small and rural hospitals were about half as likely to share records compared to their larger counterparts. In total, only 62 percent of small hospitals shared this information.
 - If larger agencies and organizations work together, then the smaller and more rural hospitals will benefit from both a technological and financial standpoint.
3. <https://ehrintelligence.com/news/hie-integration-cuts-ed-visits-hospital-readmissions-by-over-10>
Medical practices that integrate and utilize health information exchange (HIE) can decrease the number of emergency department (ED) visits and unplanned 30-day hospital readmission, according to a study conducted by HEALTHeLINK in partnership with researchers at University of Connecticut and the Brookings Institution's Center for Technology Innovation.
4. <https://journalistsresource.org/studies/government/health-care/rural-health-care-covid-19-research/>
Rural areas are older, poorer and sicker than their urban counterparts, according to research from the Rural Health Research Gateway, funded by the Federal Office of Rural Health Policy. Older people and those with underlying chronic health conditions — such as hypertension, diabetes, obesity and coronary artery disease — have a higher risk of becoming seriously ill from COVID-19.

Roughly 23% of older Americans live in rural areas, according to a report from the U.S. Census Bureau covering 2012 to 2016. About 18% of the rural population was age 65 and older, compared with 14% in urban areas

5. <https://www.himss.org/news/times-crisis-hie-front-and-center>

As the United States braces for the apex of the COVID-19 pandemic, HIEs play the extremely important role of exchanging data, facilitating the ability for frontline staff to save lives every day, everywhere. The following are real-world examples of how HIEs [have prioritized in their response efforts](#):

- Test Results Aggregation and Alerting
- Population Health Surveillance and Analytics
- Broader Coordination across Communities

6. <https://thehill.com/opinion/technology/497026-federal-health-it-rules-remain-on-track-to-improve-care-and-public-health> - this is an opinion piece but does present the issues well

Of the many lessons arising from the health care community's response to the pandemic, one of the most important is the need for on-demand, remote access to health data for patients and providers. If anything, COVID-19 puts in stark relief why the American public needs these rules in place.

For far too long, patients have functioned as a "human bridge" linking two ends of a broken health information highway — taking paper copies of medical records from one health care provider and hauling them to another. This antiquated approach is no longer feasible, especially in times requiring social distancing, and must change immediately for the health and safety of patients and providers.

7. <https://www.healthcareitnews.com/news/covid-19-highlights-importance-enc-info-blocking-rules-says-rucker> - this is a recap of Donald Rucker's remarks at a recent HIMSS event

- "This pandemic really points out the need to have interoperability," said Rucker. "If we'd had this rule a few years ago, we'd be in a far better spot."
- With a novel coronavirus, about which so much critical information is still a mystery, having wider and more free-flowing data, "richer clinical information streams," could help unlock those secrets faster, he explained.
- And in a time when telehealth has become the norm, having easier portability and access to data when "sites of services have to change" would be hugely useful, said Rucker.



COLORADO
Governor's Office of
Information Technology
Serving people serving Colorado

9/28/2021

Lauren Larson, Executive Director
Office of State Planning and Budget
111 State Capitol
Denver, CO 80203

RE: FY 2022-23 Capital Request, OeHI Rural Connectivity

Pursuant to OSPB instructions, this letter is to confirm that the Office of Information Technology (OIT) has collaborated in the development and submission of this proposed FY 2022-23 IT capital request, OeHI Rural Connectivity. OIT has completed an internal review to ensure the project aligns with statewide health IT goals and determined that OIT has the capacity to deliver and meet the requirements of the project.

Sincerely,

Patricia Nord

Patricia Nord
Budget Director, OIT

Kristi LaBarge 9/27/21

Kristi LaBarge,
Interim IT Director for Statewide Health IT, OIT

